

BEST AVAILABLE COPY

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/088691

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		3		3		1
5		0		0		1
6		0		0		1
7		0		0		1
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9		0		0		1
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TOTAL IND.		3		3		
TOTAL DEP.		11		11		
TOTAL CLAIMS						

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